

MEMORANDUM

B&F

AGENDA ITEM NO. 2 (C)

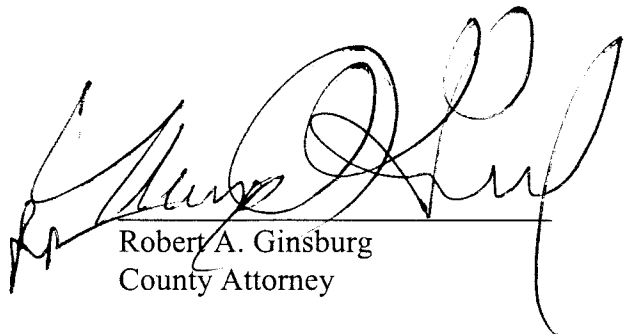
TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: January 15, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Resolution relating to the
provision of in-kind services
for the Miami-Dade County
Days Event

The accompanying resolution was prepared and placed on the agenda at the request of
Chairperson Barbara Carey-Shuler, Ed.D.



Robert A. Ginsburg
County Attorney

RAG/jls



MEMORANDUM

(Revised)

TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: February 3, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Agenda Item No.

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved _____ Mayor

Agenda Item No.

Veto _____

2-3-04

Override _____

RESOLUTION NO. _____

RESOLUTION APPROVING PROVISION OF IN-KIND SERVICES
FROM THE MIAMI-DADE COUNTY COMMUNICATIONS
DEPARTMENT FOR THE MIAMI-DADE COUNTY DAYS EVENT
TAKING PLACE IN WASHINGTON D.C. IN AN AMOUNT NOT
TO EXCEED \$3,000

WHEREAS, each year since its inception in 1988, the Miami-Dade State Legislative Delegation, along with Miami-Dade County, the School Board, local Chambers of Commerce, the Beacon Council, the Greater Miami Convention & Visitors Bureau, and the Dade League of Cities, have been participating in the annual celebration of Miami-Dade Days in Tallahassee; and

WHEREAS, Miami-Dade Days in Tallahassee is attended annually by more than 500 people representing over 100 organizations; and

WHEREAS, Miami-Dade Days in Tallahassee has provided a unique opportunity for participants, including local officials and community leaders to discuss legislative priorities with state legislators in an informal setting, and to interact with other elected officials from various parts of the State; and

WHEREAS, this Board now desires to support a similar event in Washington, D.C. to provide similar opportunities to highlight Miami-Dade County and to interact with members of the federal Miami-Dade delegation and other federal officials important to Miami-Dade County; and

WHEREAS, Chairperson Barbara Carey-Shuler, Ed.D., has requested that the Miami-Dade County Communications Department provide in-kind services in an amount not to exceed

\$3,000 for the Miami-Dade County Days event in Washington D.C. (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, this event is one that has County-wide impact,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes the provision of in-kind services by the Miami-Dade County Communications Department in an amount not to exceed \$3,000 for the Miami-Dade County Days event in Washington D.C.

The foregoing resolution was sponsored by Chairperson Barbara Carey-Shuler, Ed.D. and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson

Katy Sorenson, Vice-Chairperson

Bruno A. Barreiro

Betty T. Ferguson

Joe A. Martinez

Dennis C. Moss

Natacha Seijas

Sen. Javier D. Souto

Jose "Pepe" Diaz

Sally A. Heyman

Jimmy L. Morales

Dorrin D. Rolle

Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of February, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Mariela Martinez-Cid



**MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION**

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY
ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: Office of Chairwoman Barbara Carey-Shuler

2. Applicant Status: (Select one of the choices below)

- ☐ Not-For-Profit or Tax Exempt ☐ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department _____
- ☒ Other (specify): Office of the Mayor and the Board of County Commissioners

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Lyn Harris, Intergovernmental Affairs, Office of Chairwoman Barbara Carey-Shuler

4. Specify fee waiver or in-kind service requested (quantify, if applicable): \$3,000.00 in-kind services

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Miami-Dade County – Dade Days lobbying Forum in Washington, D.C.

6. Please select ALL that apply to event:

- ☒ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☒ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☒ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): U.S. Capitol – Senate and House office buildings (map attached)

**MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION**

8. Description of regional or local impact: Lobbying efforts for Miami-Dade County FY05 Appropriations requests and Legislative priorities.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Full day event
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): U.S. Capitol – Senate and House office Buildings (map attached)
11. Expected number of participants and estimated attendance (per day, if applicable): 50 participants
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): \$13,000 (estimate)

I hereby certify that all the statements made in this application are true and correct.

Signature of Authorized Representative

Date
January 7, 2004

Map of the Capitol Complex

This is a clickable image map. [Text links](#) that duplicate the functions of the map's "hot spots" are provided below.

